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Appendix C

Supplemental Statement

OCT 29

Candidates, Political Action, Political Party or Ballot General Committees State of South Dakota

State law requires that if any candidate committee for statewide office (legislative candidates do not file supplemental statements), political action committee, ballot question committee, or political party receives a

a campaign finance disclosure form	s or more within the fourteen days immediat a may be filed, a supplemental statement sha . If the contribution is received on or after E nitted.	ll be filed within f	forty-eight
Full Name of Committee: <u>Healthy</u>	Communities Ballot Question Committee		
You must list the name, street addressortibution of \$500 or more.	ess, city and state of each contributor, the an	nount and date of	each
Name of Contributor	Street Address, City and State	Amount of Contribution	Date of Contribution
Rapid City Regional Hospital	353 Fairmont Boulevard, Rapid City SD	\$8,500.00	10/28/2010

failure to timely file any statement, filing to a civil penalty of fifty dolla		nplete. I also under the treasurer response	erstand that
Date: 10/28/2010	Treasurer Signature		
	Treasurer Signature		
	Submit Supplemental Statement to: Secretary of State, Elections Department 500 East Capitol Ave., Ste 204 Pierre, SD 57501 or fax to 605-773-6580 or email to kea.warne@state.sd.us	. U +	
Fax and email images must contain fol	the signature(s) and the original must be fill lowing the date the fax/email was received.	() ()	
		day	W

New 7-1-09

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1	*	•	
Check here if your organization South Dakota Secretary of State.	ion is filed as a domestic	or foreign entity in good s	tanding with the Office of
Full Name of Organization: Rapid	1 / 1-	N	
Date: October 28, 2010 Signatur	e: Inf H.	- Agre-	·
*****	*****	*****	**** ***
Section 2			
State law requires any organization domestic or foreign entity in good st of this informational statement with	tanding with the South D	akota Secretary of States (nittee that is not filed as a Office, to include Section 2
Full Name of Organization:			
State or Country under Whose Law			
Street Address of the Organization's	s Principle Office:		
Date:			
*******	*****	******	******
Section 3			
State law requires any organization to domestic or foreign entity in good state complete section 2, must include Sec question committee.	anding with the South Di	akota Secretary of Stotes C	Affice and in mot all all lake
Full Name of Organization:		-	
Street Address of the Organization's		· -	
7			

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.